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The HUB System of Care:

Improving the safety and outcomes for Foster Children

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**"As a group, foster children are sicker than
homeless children and children living in the
poorest sections of the inner cities"**

**"58% of foster children had serious health problems
and 62% had been subjected to prenatal drug
exposure."**

Child Welfare League of America.

The HUB in 2001

“In a partnership between DCFS, DMH and DHS promote the safety, health and well-being of children who are at risk for or who are in out-of-home placements.”

The HUB 2001 “Charter”

The Partnership would work as a team to:

- Provide the best assessments including forensic, medical and mental health 24/7 to any child detained or at risk for detention.
- Provide re-evaluation of children who have placements that failed or who have been in group homes for >6 months.
- Provide a medical home for children in foster care
- Provide health, mental health and forensics for children at the time of family preservation or reunification.
- Integrate parenting with health and mental health services for children at the time of reunification.
- Built on the foundation of a public-private partnership that would bring the best of both to find a solution to violence against children and families.

The HUB over the First Decade

- ▶ 2001: VIP at LAC+USC funded by First5 LA; creates 24/7 response; mental health and support services funded by 501C3 and built in partnership with DCFS first and then DHS and DMH. Always included ongoing medical services for foster children.
- ▶ Replicated by DHS at Five additional sites;
 - MLK; Harbor, High Desert, Oliveview, East San Gabriel Valley
 - DCFS workers out-stationed to all HUB's.
- ▶ 2006; EmHUB funded privately; automates medical records for Foster Children; provides vehicle to provide intake and follow-up information; monitor progress; Linked by DHS to DCFS; dramatic improvement in communication.
- ▶ Medical home services added; eCARE (Urgent care) added at LAC+USC Medical Center 2011.
- ▶ 2006 Fetal Alcohol Spectrum Disorder Clinic founded LAC+USC (20% of all children detained)

The HUB's: Post 2010

- ▶ Legal support services added LAC+USC
- ▶ Children's Welcome Center 2012
 - 24 hour "soft" landing for children entering foster care 0-12 years of age.
 - Medical/mental health screen provided with appropriate treatment and
 - Forensic assessments when necessary.
 - Real beds, clothes, food and support
- ▶ Youth Welcome Center (pending)

Expanding on the HUB Model: 2013 Challenge

Making the safety and well-being of children a major priority of Los Angeles County

► **Improved HUB Access**

- Build capacity; multidisciplinary teams (MDT)
- Implement protocols that require every child reported for abuse to be evaluated at HUB prior to or at the time of detention*
 - Forensic evaluations are time sensitive
 - Every detained child needs a medical/mental health screen at time of detention.
 - Timely initial medical examinations
- Every child should be screened for Fetal Alcohol Spectrum Disorder.

**Reports by reputable reporters (schools, MD's, therapists etc) or victim need to be assessed by MDT immediately.*

HUB Expansion/Solutions

Improve follow-up and compliance with referrals:

- Team needs to close loop on failed appointments and follow-up services.
 - EmHUB audits on failed forensic appts (% still hovers over 50% who are never seen post failed appts.)
- Children with medical and mental health problems identified at screening need care coordination and timely follow-up.
- Appointments should be made at time of HUB screening for follow-up of all health/mental health problems. (provided to foster family and DCFS)

HUB Expansion

Communication needs to be enhanced

- ▶ **Multidisciplinary Teams need direct links between HUB's, DCFS and DMH to make access easy and pertinent to each and every child.**
 - Enhance capacity of EmHUB to link all HUB's assessments and recommendations for every child.
 - Make EmHUB easy for DCFS works to use as urgent referral tool.
 - Include links to Mental Health providers for continuum of care.
- ▶ **EmHUB should be linked to DHS electronic medical record.**
- ▶ **Call-in lines to care coordinators for DCFS, Foster parents, group homes, family placements and parents.**
- ▶ **Caretakers need to be provided with preset appointments and care plans at the time of placement**

The HUB Expansion

Use the HUB's as an early Prevention program:

- ▶ **Create a medical home for children who can be safely maintained within home environment.**
 - Initial Interventions
 - Post-detention and
 - Family re-unification
 - Interdepartmental response to include medical/mental health/social services
 - Integrate home-based service model that provides the support needed to keep/ or return children home;
 - Link with Community Based services and organizations
- ▶ **Create "Family Assessment and Resource Center" to provide a brief assessment program to identify family and child strengths.**
 - Can be used to identify best placement options for each child.
 - "Family Centers" can also effectively decompress CWC and YWC Include family and child in placement decisions; provide accurate and thorough diagnosis and improve communication with family.
- ▶ **Decrease need for foster care.**

HUB Interventions: Improving outcomes

- Children's Welcome Center (done)
- Youth Welcome Center (pending)
- "Family Assessment and Resource Center"
 - Multidisciplinary support services for children and families linked to HUB's and managed by Care coordinators
 - Link family to community providers who have direct communication with HUB's
- Improve capacity and access at all HUB's
- Integrate mental health services into all HUB's
- Medical Home model at all HUBs
- Build 501C3's at all HUBs with community board to provide and support essentials such as:
 - Transportation, food, housing, clothing, education legal aide, jobs and literacy.

The Strengths of the HUB system

- Quality forensics in combination with medical/mental health assessments that meet the highest standards of AAP recommendations for foster children
- Access to care 24/7; best decisions for each child.
- Links between HUB and DCFS improve accountability and communication.
- **Budget Neutrality.** (programs built on entitlement eligibility, can expand and integrate all services on existing resources)
- **Potential for growth** and subsequent impact on the system of child protection enormous
- Integration of all County agencies (LAC+USC in place) and links to non-profit, supports the important details of child and family safety and success.

Barriers

the Hubs' are only part of the solution; but can be the anchor for multidisciplinary services as well as prevention

- Need strong leadership that transcends agency politics.
 - County wide
 - Each HUB exist as a unique team while collectively developing procedures and guidelines that are uniform across all HUBs.
- Silos and turf issues need to be eliminated; agencies need to integrate services .
- Understand that foster children present with special needs that do not fit into a "normal" pediatric practice; and take time and resources.
- Invest in capacity by identifying the best of providers not the least.

Solve the consent issues.

What I know to be true:

- We have dedicated staff and professionals just waiting to be the force for change.
- We have established a standard of care that is the highest in this country.
- We have been and are willing to work harder to guarantee that children are safe and healthy.
- We will not settle for average; but if given a chance we will move mountains.
- Send us dynamic leadership willing to work hard, think creatively and who are not afraid.